0465

00456

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11 — LENGTH OF STAY (In this place) 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brunswick 35
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital Rural	STREET ADDRESS (If rural give location) W. Potomac St.

3. NAME OF DECEASED (Type or Print)	(First) Howard	(Middle)	(Last) Anderson	4. DATE OF DEATH	(Month) Jan. (Day) 6 (Year) 1954
5. SEX Male	6. COLOR OR RACE W	7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, Widowed	8. DATE OF BIRTH 4-1-1900	9. AGE last birthday 53 yrs.	If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crew dispatcher	10b. KIND OF BUSINESS OR INDUSTRY B&O. R.R.C.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Richard Lee Anderson	14. MOTHER'S MAIDEN NAME Florence Virginia Grove				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Albert L. Anderson Brunswick Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491 X

Immediate cause (a) Bronchi-Pneumonia — 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

322.2 (c) Alcoholism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1953, to Jan 5, 1954 that I last saw the deceased alive on Jan 5, 1953, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE H. S. Kline (Degree or title) M.D. ADDRESS Fordenson Md DATE SIGNED Jan 6 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1-9-54	NAME OF CEMETERY OR CREMATORY Edge Hill	LOCATION (City, town, or county) Charlestown (State) W Va
DATE REC'D BY LOCAL REG. 9 Jan. 1954	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR C. H. Feete & Bro Brunswick	ADDRESS Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 11 1954
BUREAU V. S.

0594

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0457, 141

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Brunswick
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 West "G"

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 5 West G

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
William	P.	Barger	1	11	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	3-8-1877	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Contractor	concrete	Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William P. Barger	Harriet Ann Danner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
27 no		Mrs Goldie M. Barger Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X
Immediate cause (a) Cerebral hemorrhage & hemiplegia 2 attacks — Interval between onset and death: 3 yrs 3 mo
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Generalized arteriosclerosis — 10 yrs
DUE TO
(c)
26ox

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
None		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Dec 27, 1953, to Jan 11, 1954, that I last saw the deceased alive on Dec 27, 1953 and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE C. Seibert Price (DEGREE OR TITLE) M d ADDRESS Jefferson Md DATE SIGNED 1/13/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-14-54	Park Heights	Brunswick Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 13-54	Kathryn N. Brown	C. N. Fite & Son	Brunswick Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 19 1954
BUREAU V. S.

0507

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00458

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Sabillasville Md. LENGTH OF STAY (in this place) 4 1/2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cascade 21X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Clinton (Last) Black

4. DATE OF DEATH: (Month) Jan. (Day) 21 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: July 7, 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Mount Airy Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Black

14. MOTHER'S MAIDEN NAME: Annie Wadel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Jesse Black, Cascade Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) CHRONIC MYOCARDITIS GIV — Interval Between Onset And Death: 2-3 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

42.2.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Oct., 1951, to 21 Jan., 1954, that I last saw the deceased alive on 19 Jan 1954, and that death occurred at 6.10 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry H Young Jr M D ADDRESS Blue Ridge Summit Pa DATE SIGNED 22 Jan 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1/24/54 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) (State) Lantz #1 Md.

DATE REC'D BY LOCAL REGISTRAR 1/22/54 REGISTRAR'S SIGNATURE J. B. Lyon

24. FUNERAL DIRECTOR ADDRESS Walter Y. Grove, Waynesboro Pa.

VS. A15

RECEIVED
JAN 26 1954
BUREAU V. S.

0598

00459

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: FREDERICK — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEW MARKET — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEW MARKET
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ADDIE (Middle) LUCINDA (Last) BURALL

4. DATE OF DEATH: (Month) JAN (Day) 3 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEB 25 1879

9. AGE last birthday: 74 yrs. — If under 1 year: Months — If under 1 day: Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SAMUEL UTZ

14. MOTHER'S MAIDEN NAME: LUCINDA KELLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: W.E. BURALL NEW MARKET MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart disease — Interval between onset and death: ? years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus — Interval between onset and death: 5-10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1954, to Jan 3, 1954, that I last saw the deceased alive on Jan 2, 1954, and that death occurred at 11:30P m., from the causes and on the date stated above.

SIGNATURE: Henry V Chase — (Degree or title) M.D. — ADDRESS: 4 E. Church St. — DATE SIGNED: 1/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 1-6-1954 — NAME OF CEMETERY OR CREMATORY: PLEASANT HILL CEM — LOCATION (City, town, or county) (State): MONROVIA MD

DATE REC'D BY LOCAL REG.: Jan 5 1954 — REGISTRAR'S SIGNATURE: Lucian K. Falconer

24. FUNERAL DIRECTOR — ADDRESS: W. E. Falconer — New Market MD

VS. A15

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JAN 25 1954
BUREAU V. S.

0466

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00460

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick 11
LENGTH OF STAY (in this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 333 South Market Street X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick 11
STREET ADDRESS (If rural give location): 333 South Market Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HENRY (Last) BURGER SR.

4. DATE OF DEATH: (Month) January (Day) 2, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Sept. 4, 1886

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Paperhanger

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Edward Burger

14. MOTHER'S MAIDEN NAME: Nettie Irene Bennett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 333 South Market St. Mrs. Charles H. Burger Sr., Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary artery sclerosis with acute myocardial infarction	30 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Coronary artery sclerosis	8 mo.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-14, 1953, to 1-2, 1954, that I last saw the deceased alive on 1-2, 1954, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Rex R. Martin M.D. — ADDRESS: 35 E. Church St. Frederick Md — DATE SIGNED: 1-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 4, 1954 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4 January 1954 — REGISTRAR'S SIGNATURE: Elizabeth S. Hech.

24. FUNERAL DIRECTOR — ADDRESS: M.R. Etchison & Son, Frederick, Marylamd

VS. A15

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BUREAU V. S.

0457

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 25 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 East Sixth Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 111 East Sixth Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) VERNON (Last) CLARK

4. DATE OF DEATH: (Month) January (Day) 4, (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: Jan. 31, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Grocery Store
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William G. Clark
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 111 East Sixth Street, Mrs. Dorothy F. Clark, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 420.1	(a) Coronary Occulsion	10 mi
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocardial decompensation	6 mo
	DUE TO (c) Advanced Arteriosclerosis Generalized	2 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1953, to 1/4, 1954, that I last saw the deceased alive on 12/27, 1953, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Talbot Brice M.D. ADDRESS Jefferson DATE SIGNED 1/4/54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Jan. 7, 1954
NAME OF CEMETERY OR CREMATORY Frederick Memorial Park
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 5 Jan. 1954
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland ADDRESS

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md. LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City 3V:14
STREET ADDRESS (If rural, give location) 12 N. Liberty Street

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) X (Last) Connor
4. DATE OF DEATH (Month) 1 - (Day) 10 - (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3/22/1912
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Typewrite mechanic.
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Mathew Connor
14. MOTHER'S MAIDEN NAME Estelle Franz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Francis Connor, 12 N. Liberty St Baltimore, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

CO. X

Immediate cause (a) Pulmonary tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: About 2 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6/54, 19....., to 1/10/....., 1954, that I last saw the deceased alive on 1/10/....., 1954, and that death occurred at 7.40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. B. Lyon, M.D. ADDRESS State Sanatorium, Maryland. DATE SIGNED 1/11/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-14-54
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 1/11/54
REGISTRAR'S SIGNATURE J. B. Lyon
24. FUNERAL DIRECTOR Lilly & Zeiler, Inc. ADDRESS 1901 Eastern Ave. Balto., Md.

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0463

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00464

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH.
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick R.F.D.#4
STREET ADDRESS (If rural give location) Church Hill

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) BOY (Last) COOK
4. DATE OF DEATH: (Month) January (Day) 18, (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: January 17,1954
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 14 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Legally Unknown
14. MOTHER'S MAIDEN NAME: Nancy Ann Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Miss Nancy Ann Cook, Frederick R.F. D.#4, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) 776x DUE TO Prematurity
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death: 14 hours

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? Yes ☐ No ##

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Jan, 19 54, to 18 Jan, 1954, that I last saw the deceased alive on 17 Jan, 19 54 and that death occurred at 7:10 A.M., from the causes and on the date stated above.

SIGNATURE James C. Hunt Jr. (Degree or title) M.D.
ADDRESS WALKERSVILLE Maryland
DATE SIGNED 1/18/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan.18,1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 18 Jan. 1954
REGISTRAR'S SIGNATURE Elizabeth B. Heck.
24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 35

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
MARYLAND
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 South Jefferson Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Frederick
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 110 South Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) E. (Last) CRAMER

4. DATE OF DEATH: (Month) January (Day) 22 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: October 30, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Zimmerman

14. MOTHER'S MAIDEN NAME: Matilda Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Ezra L. Cramer
15 McMurray Street—Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Angina — Interval Between Onset And Death: 2 hrs

420.2

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arter. Sclerosis + — 5430+

DUE TO (c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1945, to Jan. 22, 1954, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) B O Thomas MD — ADDRESS Frederick, Md — DATE SIGNED Jan. 23-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF January 25, 1954 — NAME OF CEMETERY OR CREMATORY Mount Zion Lutheran — LOCATION (City, town, or county) Feagaville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 25 January 1954 — REGISTRAR'S SIGNATURE Elizabeth S. Heb.

24. FUNERAL DIRECTOR — ADDRESS C. E. Cline & Son—8 East Patrick Street Frederick, Maryland

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 186

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mmeorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 267 West Fifth Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) WESLEY (Last) CRUM

4. DATE OF DEATH: (Month) January (Day) 15, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): Married
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 71? yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Quarry Formen(Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Lime Company
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Simon Crum
14. MOTHER'S MAIDEN NAME: Margaret Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 215-18-1120A
17. INFORMANT & ADDRESS: Mrs. Charles W. Crum, 267 West Fifth Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4943

Immediate cause (a) Pulmonary Edema — Interval Between Onset And Death: 18 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Aortic Cardiac dilatation — 18 hrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1954 to Jan 15, 1954 that I last saw the deceased alive on Jan 14, 1954, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. [illegible] M.D.
ADDRESS Frederick, Maryland
DATE SIGNED 1/15/1954

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Jan. 18, 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 15 Jan. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick Rural R.D.#4,
MARYLAND
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Feagaville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick Rural R.D.#4 X
STREET ADDRESS (If rural give location) Near Feagaville

3. NAME OF DECEASED: (Type or Print) (First) PHILIP (Middle) LUTHER (Last) CULLER

4. DATE OF DEATH: (Month) January (Day) 18, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widower

8. DATE OF BIRTH: December 4, 1869

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farm

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Culler

14. MOTHER'S MAIDEN NAME: Lavenia Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Robert P. Bailey, Frederick, R.D.#4, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) .. Cerebral Hemorrhage

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) .. Hypertension

DUE TO

(c)

Interval Between Onset And Death: 10 days.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1954, to Jan 18, 1954, that I last saw the deceased alive on Jan. 18, 1954, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bernard Thomas M.D. Frederick Md 1/20/1954

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial

DATE THEREOF Jan. 22, 1954

NAME OF CEMETERY OR CREMATORY St. Lukes Cemetery

LOCATION (City, town, or county) (State) Feagaville, Maryland

DATE REC'D BY LOCAL REGISTRAR 20 January 1954

REGISTRAR'S SIGNATURE Elizabeth G. Heide

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]68

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 245 East Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 245 East Church Street

3. NAME OF DECEASED: (First) EMMA (Middle) KATE (Last) CUTSAIL
4. DATE OF DEATH: (Month) January (Day) 29 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widow
8. DATE OF BIRTH: 24 Jan 1865
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Kinna
14. MOTHER'S MAIDEN NAME: Rebecca Beckenbaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Blanche V. Kehne, 245 E. Church St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Cardiac Failure — Interval Between Onset And Death: 3 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-Vasc. Disease — several years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 29, 1953, to Jan. 29, 1954, that I last saw the deceased alive on Jan. 12, 1954, and that death occurred at 6 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Ernest A. Dettbarn M. D.
ADDRESS Frederick, Maryland
DATE SIGNED 30 Jan 1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 1 Feb 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 1 February 1954
REGISTRAR'S SIGNATURE Elizabeth L. Hesler
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison and Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Johnsville
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, W. Walkersville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) REBECCA (Last) DINTERMAN

4. DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: May 1 1853

9. AGE last birthday: 100 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel Etzler

14. MOTHER'S MAIDEN NAME: Polly Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs. Wm. E. Barton, Mussan Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

517.1

Immediate cause (a) Paralysis of Throat

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1953, to Jan 5 1954, that I last saw the deceased alive on Jan 4, 1954 and that death occurred at 1 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. H. Musser M.D. Johnsville Md Jan 6 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/9/54 | NAME OF CEMETERY OR CREMATORY Mt Hope | LOCATION (City, town, or county) Woodsboro (State) Md

DATE REC'D BY LOCAL REG. 7 Jan 1954 | REGISTRAR'S SIGNATURE Elizabeth J. Hoh. | 24. FUNERAL DIRECTOR ADDRESS J. C. Barton, Walkersville, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont rural
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont - rural
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Rebecca (Middle) Lilly (Last) Domer

4. DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 13, 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: F. W. Domer

14. MOTHER'S MAIDEN NAME: Anna Eichelberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 4

(If Yes, give war or dates of service): No

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Mrs. Ross Stull. Thurmont RD I Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of descending colon — Interval Between Onset And Death: 6 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis With Chronic Hypertension — 10 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1953, to Jan. 4, 1954, that I last saw the deceased alive on Jan. 4, 1954, and that death occurred at 1 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): James K. Gray. M.D. ADDRESS: Thurmont Md. DATE SIGNED: Jan. 5 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 8, 1954 — NAME OF CEMETERY OR CREMATORY: Creagerstown Cem. — LOCATION (City, town, or county) (State): Creagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 7 1954 — REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR ADDRESS: M. L. Creager & Son Thurmont, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]1

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Thurmont
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND RURAL X LENGTH OF STAY (in this place) 39 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Thurmont
STREET ADDRESS (If rural give location) Rocky Ridge

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) (Last) DUBEL

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 14, 1879

9. AGE last birthday. 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country) Adams Co. Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Baker

14. MOTHER'S MAIDEN NAME: Elizabeth Shriner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Robert L. Dubel, Rocky Ridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Previous attacks
DUE TO (c)

Interval Between Onset And Death: 2 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19 ..., 1954, to Jan. 20 ..., 1954, that I last saw the deceased alive on Jan. 19 –, 1954, and that death occurred at 9:35 AM, from the causes and on the date stated above.

SIGNATURE James T. Gray (Degree or title) M.D. ADDRESS Thurmont, Md. DATE SIGNED Jan. 21 – 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan. 22, 1954 | NAME OF CEMETERY OR CREMATORY Blue Ridge | LOCATION (City, town or county) (State) Thurmont, Fred. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 21 1954 | REGISTRAR'S SIGNATURE Blanche S. Eyler

24. FUNERAL DIRECTOR ADDRESS M. L. Creager & Son, Thurmont, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN
BUREAU V. S.

0473

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Frederick
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodsboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) EFFIE (Middle) Lucretia (Last) EYLER

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Apr. 19, 1882

9. AGE last birthday: 71 yrs.

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel P. Zimmerman

14. MOTHER'S MAIDEN NAME: Catharine Stitely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: J. W. Eyler, Woodsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

903.0

Immediate cause (a) PULMONARY EMBOLISM — Interval Between Onset And Death: 2 MIN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) THROMBOSIS AXILLARY VEIN, LEFT — 2 WEEKS

DUE TO

(c) FRACTURE LEFT HUMERUS — 2 WEEKS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS — 10 YEARS

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify) INJURY

PLACE (Home, farm, factory, street, office bldg., etc.): Home

(CITY OR TOWN): Woodsboro (COUNTY): Fred. (STATE): Md

TIME OF INJURY (Month) Dec (Day) 23 (Year) 1953 (Hour) 7 p.m.

INJURY OCCURED While at Work ☐ Not While At Work ☑

HOW DID INJURY OCCUR? Stumbled over footstool falling on left shoulder

22. I hereby certify that I attended the deceased from 1 Aug., 1949, to 4 Jan., 1954, that I last saw the deceased alive on 3 Jan., 1954, and that death occurred at 10:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) James C. Eyler Jr MD

ADDRESS Walkersville, Maryland.

DATE SIGNED 4 January 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan. 6, 1954

NAME OF CEMETERY OR CREMATORY Mt. Hope.

LOCATION (City, town, or county) Woodsboro (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6 January 1954

REGISTRAR'S SIGNATURE Elizabeth S. Heb.

24. FUNERAL DIRECTOR Lovell & Hartzler

ADDRESS Woodsboro, Md.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) ~~TOWN~~ Frederick 11 (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 12 Water Street

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) May (Last) Finneyfrock
4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: 12-22-1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edwin Freed
14. MOTHER'S MAIDEN NAME: Fannie Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Harry Newton-Frederick- Md. (daughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Myocardial Infarctions — Several episodes latest 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardio-vascular disease — Few years

DUE TO

260X (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Few years

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1953, to Jan. 6, 1954, that I last saw the deceased alive on Jan. 5, 1954, and that death occurred at 2:25 AM, from the causes and on the date stated above.

SIGNATURE Ernest A. Dettbarn (Degree or title) M.D. ADDRESS 620 Trail Ave. Frederick, Md DATE SIGNED Jan. 6/54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial DATE THEREOF 1-9-1954 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery LOCATION (City, town, or county) (State) Frederick- Md.

DATE REC'D BY LOCAL REGISTRAR 7 Jan. 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C.E. Cline and Son- Frederick- Md. ADDRESS

BUREAU V. S.

0513

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0474

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) David (Last) Grushon

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug.25.1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Frederick Co MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Grushon
14. MOTHER'S MAIDEN NAME: Ellen Reightler

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No: No
17. INFORMANT & ADDRESS: Mrs George Devilbiss Emmitsburg Md R.D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4231

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death 1/2 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerotic disease several years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to Jan 3, 1954, that I last saw the deceased alive on Jan 3, 1954, and that death occurred at 7:30 P;M from the causes and on the date stated above.

SIGNATURE W.R. Cadle (Degree or title) ADDRESS Emmitsburg Md DATE SIGNED 1-4-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan.5.1954
NAME OF CEMETERY OR CREMATORY U.B.Cem.
LOCATION (City, town, or county) (State) Thurmont, Fredk Co. Md

DATE REC'D BY LOCAL REGISTRAR Jan 4=1954
REGISTRAR'S SIGNATURE M.F. Shuff

24. FUNERAL DIRECTOR M.L.Creager & Son. Thurmont ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 7 1954
BUREAU V. S.

0475

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place) 5 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 ICE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
STREET ADDRESS (If rural, give location) 120 ICE ST.

3. NAME OF DECEASED: (Type or Print) (First) SHERMAN (Middle) EDWARD (Last) HALL

4. DATE OF DEATH (Month) JAN. (Day) 8, (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify): SINGLE
8. DATE OF BIRTH: AUG. 15, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 4 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH PROCTOR
14. MOTHER'S MAIDEN NAME: ALMA HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: ALMA HALL 120 ICE ST., FREDERICK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 441 x

Immediate cause (a) ASPIRATION ASPHYXIA
DUE TO
Antecedent cause(s) (b) BRONCHOPNEUMONIA
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY NONE
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY NONE M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Furie, M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Jan. 8, 1954

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
DATE THEREOF Jan. 9 1954
NAME OF CEMETERY OR CREMATORY Fairview
LOCATION (City, town, or county) (State) Frederick Md.

DATE REC'D BY LOCAL REG. 8 Jan. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Hack.
24. FUNERAL DIRECTOR Charles E. Hicks III
ADDRESS Fred. md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

JAN
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13.1

1. PLACE OF DEATH
COUNTY: FREDERICK — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EMERGENCY Hosp, — LENGTH OF STAY (in this place): 1 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hosp, Fred., Md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WALKERSVILLE Md.
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	FRANKLIN	HANDLEY	Jan.	19	1954

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	6/11-1874	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	Cemetery	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JACOB HANDLEY	SARAH V. CHRIST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Woodrow Handley Walkersville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 422.1 Arteriosclerotic cardiovascular disease — 15 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED White at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1 April, 1950, to 19 Jan., 1954, that I last saw the deceased alive on 19 Jan., 1954, and that death occurred at 8:40 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James E. Stone Jr.	MD	Walkersville, Md.	21 Jan 54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county)	(State)
BURIAL	1/22-1954	Mt Olivet	FREDERICK	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
26 Jan. 1954	Elizabeth G. Hess	G.C. BARTON	WALKERSVILLE, MD.

VS. A15

RECEIVED
1954
BUREAU V. S.

Film#G161 Item# 8.9 2/3/53 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1371

1. PLACE OF DEATH: COUNTY Frederick MARYLAND

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural

LENGTH OF STAY (in this place) 2 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Pleasent Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick, Maryland

STREET ADDRESS (If rural give location) 412 Middle Street

3. NAME OF DECEASED: (Type or Print) (First) Alverda (Middle) (Last) Hawkins

4. DATE OF DEATH: (Month) Jan 27 (Day) (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Dec. 24, ~~1914~~/1911

9. AGE last birthday: ~~40~~/ 42 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: *******

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas G. Holton

14. MOTHER'S MAIDEN NAME: Martha Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Rosalee Johnson Mt. Pleasent, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X

Immediate cause (a) Uremia — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Nephrosclerosis — unknown

DUE TO

(c) arteriolar sclerosis — unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 1953, to 1/27, 1954, that I last saw the deceased alive on 1/15, 1954, and that death occurred at 11 40 pm 1/27/54, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. R. Schoolman M.D. ADDRESS 228 N Market St Frederick DATE SIGNED 1/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 30, 1954 NAME OF CEMETERY OR CREMATORY Fairview LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR 29 January 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RE
FEB 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 138

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) ~~TOWN~~ FREDERICK
LENGTH OF STAY (In this place) YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. MARKET ST. EXT.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits write RURAL and give nearest town) RURAL-NEAR FREDERICK
STREET ADDRESS (If rural, give location) ROUTE 1

3. NAME OF DECEASED: (Type or Print) (First) MYRON (Middle) MEDFORD (Last) HUMMEL

4. DATE OF DEATH (Month) JAN. (Day) 4, (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): MARRIED

8. DATE OF BIRTH: FEB. 4, 1896

9. AGE Last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Refrigerator Service Man

10b. KIND OF BUSINESS OR INDUSTRY: Ice Cream Plant

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. Hummel

14. MOTHER'S MAIDEN NAME: Helen L. Eaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.: 214-10-2466

17. INFORMANT & ADDRESS: North Market Street Extd, Mrs. Ruth R. Hummel, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) CORONARY ARTERY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: MINS.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — YRS
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Durie M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Jan. 4, 1954

23. ~~BURIAL~~, ~~CREMATION~~, REMOVAL (Specify): Entombment

DATE THEREOF Jan. 7, 1954

NAME OF CEMETERY OR CREMATORY Frederick Memorial Cloister

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 5 Jan. 1954

REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR M.R. Etchison & Son

ADDRESS Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK COUNTY JAIL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLETOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) JOSEPH (Last) JENNINGS
4. DATE OF DEATH (Month) JAN. (Day) 27, (Year) 1954
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) single
8. DATE OF BIRTH APR. 26, 1896
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAY LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter Jennings
14. MOTHER'S MAIDEN NAME Emma Sowers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-09-8574
17. INFORMANT AND ADDRESS Mrs. Olive Ausherman Burkittsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY ARTERY OCCLUSION	HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	YRS.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Furie, M.D. 620 Lee Place, Frederick, Md. 1-27-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 1-30-1954
NAME OF CEMETERY OR CREMATORY Ch. of God Cem.
LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REG. Jan 30, 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS Gladhill Co. Middletown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 13 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: FREDERICK
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~Town~~: FREDERICK
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 208 E. 8th St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~Town~~: FREDERICK
STREET ADDRESS (If rural, give location): 208 E. 8th St.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) RICHARD (Last) KELLY

4. DATE OF DEATH: (Month) JAN. (Day) 27, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: JAN. 22, 1915

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Advertising Manager

10b. KIND OF BUSINESS OR INDUSTRY: News-Post

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William R. Kelly

14. MOTHER'S MAIDEN NAME: Mamie Fraley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-10-5598

17. INFORMANT. ND ADDRESS: Mrs. James R. Kelly--208 East 8th Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): MYOCARDIAL INFARCTION, RECENT — Interval Between Onset and Death: 4 DAYS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): ARTERIOSCLEROTIC HEART DISEASE — YRS
(c):

10. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: NONE m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* _, *Inquiry* _ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): Robert J. Jurie M.D. ADDRESS: 620 Lee Pl., Frederick, Md. DATE SIGNED: 1-27-54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial — DATE THEREOF: January 30, 1954 — NAME OF CEMETERY OR CREMATORY: Blue Ridge Cemetery — LOCATION (City, town, or county): Thurmont (State): Maryland

DATE REC'D BY LOCAL REG.: 28 Jan 1954

REGISTRAR'S SIGNATURE: Elizabeth L. Hess.

24. FUNERAL DIRECTOR: C. E. Cline & Son--8 East Patrick Street, Frederick, Maryland — ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) Linden Hills

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) J. S. [illegible] (Last) KENNEDY

4. DATE OF DEATH: (Month) January (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: December 1[illegible], 1[illegible]

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Co-owner, Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas F. Kennedy

14. MOTHER'S MAIDEN NAME: Amelia Burke Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-30-2553

17. INFORMANT & ADDRESS: Bernard J. Kennedy, Jr.—Linden Hills—Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-pneumonia — Interval Between Onset And Death: 30 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic Myocarditis — 10 yrs +

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1950, to Jan 14, 1954, that I last saw the deceased alive on Jan 13, 1954, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE B. O. Thomas M.D. (Degree or title) ADDRESS Frederick, Md. DATE SIGNED Jan. 15-54

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial DATE THEREOF Jan. 1[illegible], 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) Frederick (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 15 January 1954 REGISTRAR'S SIGNATURE Elizabeth G. Hack

24. FUNERAL DIRECTOR C. L. Clinton Son—Frederick, Maryland ADDRESS 5 East Patrick Street

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 181

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) 136 East Third Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Franklin (Last) Kline

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: May 1-1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Brush Company
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles T. Kline
14. MOTHER'S MAIDEN NAME: May Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-10-2340
17. INFORMANT & ADDRESS: Mrs. Geo. F. Kline 136 E. 3rd. St. Frederick-Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Uremia
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of bladder
DUE TO

(c)

Interval Between Onset And Death: Days Months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to 1/2, 1954, that I last saw the deceased alive on 1/1, 1954, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

SIGNATURE James B. Thomas (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED 1/4/54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 1/5/1954
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick- Maryland
DATE REC'D BY LOCAL REGISTRAR 5 January 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C.E. Cline and Son-Frederick-Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X
MARYLAND LENGTH OF STAY (in this place) 82 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Myersville
STREET ADDRESS (If rural give location) Rt#2 Nr.Garfield

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Susan (Last) Lewis

4. DATE OF DEATH: (Month) January (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Dec.27,1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Garfield,Fred.Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel W.FORREST

14. MOTHER'S MAIDEN NAME: Amanda Dubel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Ralph Lewis,Myersville,Md. Rt#2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of transverse Colon DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 Mos.

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1953, to Dec. 31, 1953, that I last saw the deceased alive on Dec. 31, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE James T. Gray M.D. (Degree or title) ADDRESS Thurmont Md. DATE SIGNED Jan 6 1954

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial DATE THEREOF Jan.7,1954 NAME OF CEMETERY OR CREMATORY Mt.Bethel M.E. LOCATION (City, town, or county) (State) Nr Garfield,Fred.Co. Md

DATE REC'D BY LOCAL REGISTRAR Jan. 7, 1954 REGISTRAR'S SIGNATURE Flory M. Bittle

24. FUNERAL DIRECTOR ADDRESS Paul F. Bittle, Myersville, Md.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) [illegible] years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51° Culler Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 51° Culler Avenue

3. NAME OF DECEASED: (Type or Pri) (First) PHILLIP (Middle) (Last) LOMES
4. DATE OF DEATH: (Month) January (Day) 3 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: August [illegible], 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Restaurant
10b. KIND OF BUSINESS OR INDUSTRY: Own business
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: Golf Homes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service) [illegible] I
16. SOCIAL SECURITY No.: 217-32-5900
17. INFORMANT & ADDRESS: Mrs. [illegible] Lomes—51 Culler Avenue Frederick

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Cancer, - Intestinal

Immediate cause (a) Cancer DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to Jan. 8th, 1954, that I last saw the deceased alive on Jan. 7, 1954, and that death occurred at 12 45 a.m., from the causes and on the date stated above.

SIGNATURE Dr. M. E. Bowers Sr. (Degree or title) Frederick ADDRESS Md. DATE SIGNED Jan 9th 54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) [illegible]
DATE THEREOF January 1[illegible], 1954
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Frederick, Co. (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 9 January 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR [illegible] Son—Frederick, Maryland ADDRESS

BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1 PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Mt. Airy
STREET ADDRESS (If rural give location) Mt. Airy, RFD. # 3

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Amanda	Z.	Long	Jan.	22	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Feb. 19, 1893	60 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Montgomery Co. Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Watkins	Fidelia Reed

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Mr. Lawrence L. Long, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] — Interval Between Onset And Death: [illegible]

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) —

DUE TO

(c) —

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
[illegible]	[illegible]	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 .. , to ..... , 19 .. , that I last saw the deceased alive on [illegible], 19 [illegible] and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 24, 1954	Montgomery Methodist	Clagettsville, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
24 Jan 1954	Elizabeth Heck	Olin L. Molesworth, Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 10F

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ BARTONSVILLE
LENGTH OF STAY (in this place) 8 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK RTE 6

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ BARTONSVILLE
STREET ADDRESS (If rural, give location) FREDERICK RTE 6

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) BERNARD (Last) MACKENZIE

4. DATE OF DEATH (Month) JAN. (Day) 5, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): WIDOWED

8. DATE OF BIRTH: MAY 26, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES E. MACKENZIE

14. MOTHER'S MAIDEN NAME: THERESA FIRESTONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. E. LLOYD CRUM, FREDERICK, RTE 1, NR. LIBERTY, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
33&X Immediate cause	(a)	CEREBRAL THROMBOSIS, RECURRENT	12 yrs.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	ARTERIOSCLEROSIS	YRS.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CONGESTIVE HEART FAILURE, BRONCHOPNEUMONIA

19a. DATE OF OPERATION: NONE O

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY NONE M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Irvine M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Jan.

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial | DATE THEREOF 1/8/54 | NAME OF CEMETERY OR ~~CREMATORY~~ St Johns | LOCATION (City, town, or county) Frederick (State) Md.

DATE REC'D BY LOCAL REG. 6 January 1954 | REGISTRAR'S SIGNATURE Elizabeth S. Heck.

24. FUNERAL DIRECTOR ADDRESS E. C. Barton, Walkersville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) FREDERICK
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ BRUNSWICK
STREET ADDRESS (If rural give location) 523 WEST POTOMAC STREET

3. NAME OF DECEASED: (Type or Print) (First) MILDRED (Middle) PASCAL (Last) MARLEY

4. DATE OF DEATH: (Month) JANUARY (Day) 16 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): WIDOWED

8. DATE OF BIRTH: MARCH 16 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE ~~DOMESTIC~~

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENJAMIN PASCAL

14. MOTHER'S MAIDEN NAME: LILLIE BOWIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. HARRY GEORGE, JR. BRUNSWICK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443X Immediate cause	(a) Acute Pulmonary Edema	18 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertensive Cardiovascular disease	10 yrs +
	(c) DUE TO Right hemiplegia, recent + old	4 days and 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15 ..., 1954, to 1/16 ..., 1954, that I last saw the deceased alive on 1/16, 1954, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Henry V Chase M.D. ADDRESS 4 E. Church St DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF JAN. 18, 1954 NAME OF CEMETERY OR CREMATORY PROSPECT HILL CEMETERY LOCATION (City, town, or county) (State) TOWSON, MD.

DATE REC'D BY LOCAL REGISTRAR 18 Jan. 1954 REGISTRAR'S SIGNATURE Elizabeth G. Hale

24. FUNERAL DIRECTOR JOHN BURNS' SONS, ADDRESS TOWSON, MD.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md. — LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 28 East Lee Street

3. NAME OF DECEASED (Type or Print): (First) Violet (Middle) (Last) Martin

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 8/18/1890

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Stottlemyer

14. MOTHER'S MAIDEN NAME: Martha Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Violet Martin, 28 E. Lee St. Hagerstown, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval between onset and death: About 2 years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13/, 1954, to 1/24/, 1954 that I last saw the deceased alive on 1/24/, 1954 and that death occurred at 3:50 P. m., from the causes and on the date stated above.

SIGNATURE J. B. Lyon, M.D. (Degree or title) — ADDRESS State Sanatorium, Maryland. — DATE SIGNED 1/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 1-26-54 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. 1/25/54. — REGISTRAR'S SIGNATURE J. B. Lyon

24. FUNERAL DIRECTOR — ADDRESS A.K. Coffman, 40 E. Antietam St. Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]8

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1301 North Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 1301 North Market Street

3. NAME OF DECEASED: (Type or Print) (First) NANNIE (Middle) SMITH (Last) MORGAN

4. DATE OF DEATH: (Month) January (Day) 18, (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widow

8. DATE OF BIRTH: January 16, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua Smith

14. MOTHER'S MAIDEN NAME: Eliza H. Rouzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: John W. Morgan, 1301 North Market Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Uremia — Interval Between Onset And Death: 8 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension & Chronic — 2yrs +
DUE TO (c) Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 9, 1954, to Jan 18, 1954 that I last saw the deceased alive on Jan 18, 1954, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 1/19/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 21, 1954 NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery LOCATION (City, town, or county) Thurmont, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 20 January 1954 REGISTRAR'S SIGNATURE Elizabeth L. Hech

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 South Jefferson St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 17 South Jefferson St.

3. NAME OF DECEASED: (Type or Print) (First) Della (Middle) Pearl (Last) Murray

4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: July 8-1908
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Sample brush maker
10b. KIND OF BUSINESS OR INDUSTRY: Brush Co.(Fibre)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Murray
14. MOTHER'S MAIDEN NAME: Clara E. Gue

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-10-2108
17. INFORMANT & ADDRESS: James Null-17 S. Jefferson St.Frederick*Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 X

Immediate cause (a) Carcinoma of uterus — Interval Between Onset And Death: 7 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Anemia - hemorrhage — 6 weeks.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1953, to Jan. 10, 1954, that I last saw the deceased alive on Jan. 9, 1954, and that death occurred at 12:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. M. Smith
ADDRESS Frederick Md
DATE SIGNED 1-12-54.

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF 1/12/1954
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick- Md.
DATE REC'D BY LOCAL REGISTRAR 12 Jan. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C.E.Cline and Son- Frederick-Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge Rural

LENGTH OF STAY (in this place) years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge Rural

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) TRUMAN (Middle) WILLIAM (Last) MYERS

4. DATE OF DEATH: (Month) Jan (Day) 23 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	M	April 26-1888	65 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	own farm	Maryland	USA

13. FATHER'S NAME: William B Myers

14. MOTHER'S MAIDEN NAME: Fannie Stitely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	none	Annie C Myers, Union Bridge Rural Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 420.1 Coronary occlusion — 9 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1953, to Jan 23., 1954, that I last saw the deceased alive on Jan 23, 1954, and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) M E Robertson M.D. — ADDRESS New Windsor, Md — DATE SIGNED 1/23/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 26-1954	Pipe Creek	New Windsor Rural	Md

DATE REC'D BY LOCAL REGISTRAR: Jan. 27, 1954 — REGISTRAR'S SIGNATURE: Forbes S. Bishop, Eugenia Burke mmb

24. FUNERAL DIRECTOR — ADDRESS: D D Hartzler & Sons, Union Bridge, Md

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick — LENGTH OF STAY (In this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 204 E. Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 204 East Church St.

3. NAME OF DECEASED (Type or Print): Dorothy (First) ~~Anna~~ H. (Middle) WAGNER (Last) NELSON

4. DATE OF DEATH (Month) JAN (Day) 22 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): widowed
8. DATE OF BIRTH: July 14 1888
9. AGE last birthday: 65 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pittsburgh, PA.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ARTUR L WAGNER
14. MOTHER'S MAIDEN NAME: GERTRUD M. HAPEMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: D. Haviland Nelson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X

Immediate cause (a) Myocardial Infarction — Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 5 years

(c) Arteriosclerotic Heart Disease — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to 22 Jan, 1954, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE: Thomas E Stone — (Degree or title): MD — ADDRESS: 4 West Third St — DATE SIGNED: 1-23-54

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify): Cremation — DATE: Jan 23 1954 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county): Bladensburg (State): Md

DATE REC'D BY LOCAL REG.: 23 Jan. 1954 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck — 24. FUNERAL DIRECTOR: Henry E. Canty Co — ADDRESS: Frederick Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
MARYLAND
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Montgomery
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Damascus
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) BERNICE (Last) OREM

4. DATE OF DEATH: (Month) January (Day) 26, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: October 23, 1919

9. AGE Last birthday: 34 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Snowden

14. MOTHER'S MAIDEN NAME: Sadie Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: James S. Orem, Damascus, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 645.1 DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 19 54, to Jan. 26, 19 54, that I last saw the deceased alive on Jan. 26, 19 54, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D.

ADDRESS Frederick, Maryland

DATE SIGNED 1/26/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan. 28, 1954

NAME OF CEMETERY OR CREMATORY Friendship Methodist Cem.

LOCATION (City, town, or county) Damascus, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 26 Jan. 1954

REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 13

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town): Frederick

LENGTH OF STAY (in this place): 3 da

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Frederick

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Rural Lewistown

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Allen	Michael	Pitzer	Jan.	7	1954

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Aug. 15. 1877	76 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own farm	Martinsburg W.Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George D. Pitzer	Georgia Ann Catrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	no	no	R.F.D. Mrs Bessie Snook Pitzer. Frederick. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Bronchopneumonia	7 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocardial Infarction	6 days
	DUE TO (c) Arteriosclerotic heart disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/1/54, 19..., to 1/7/54, 19..., that I last saw the deceased alive on 1/6/54, 19..., and that death occurred at 6:45 A.M., 1/7/54, from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: 7E. Church St — DATE SIGNED: 1/7/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 9.1954	Mt.Olivet Cem.	Frederick.	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8 January 1954	Elizabeth G. Hack.	M.L.Creager & Son.	Thurmont Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Va. STATE COUNTY Loudoun
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lovettsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alma (Middle) L (Last) Potterfield
4. DATE OF DEATH: (Month) 1 (Day) 4 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: 7/9/1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Mo.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: H. J. Virto
14. MOTHER'S MAIDEN NAME: Allego - Alice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Robert L. Potterfield Lovettsville, Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

26 X

Immediate cause (a) Coronary thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes mellitus

DUE TO

(c) Chronic nephritis uremia

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1953, to Jan 4, 1953, that I last saw the deceased alive on Jan. 4, 1954, and that death occurred at 10:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) A. A. Pearre, M.D. ADDRESS Frederick, Md DATE SIGNED 4 Jan 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 7, 1954 NAME OF CEMETERY OR CREMATORY Union Cemetery LOCATION (City, town, or county) Lovettsville, Virginia (State)
DATE REC'D BY LOCAL REGISTRAR 5 Jan 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
LENGTH OF STAY (in this place) 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural, give location) George St.

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Garfield (Last) Rice
4. DATE OF DEATH (Month) Jan (Day) 31 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH 10/10 -1880
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper Retail
10b. KIND OF BUSINESS OR INDUSTRY Owner Grocery
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Isaiah RICE
14. MOTHER'S MAIDEN NAME Gorgeanna Clem
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-10-2565
17. INFORMANT AND ADDRESS Mrs Grace Hedges Walkersville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary thrombosis & myocardial infarction	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	10 year
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Apr, 1950, to 31 Jan, 1954, that I last saw the deceased alive on 30 Jan, 1954, and that death occurred at 2.50 p.m., from the causes and on the date stated above.

SIGNATURE James C. Stone Jr. (Degree or title) MD ADDRESS Walkersville, Md DATE SIGNED 2 Feb 1954

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 2/3-1954
NAME OF CEMETERY OR CREMATORY Glayde
LOCATION (City, town, or county) Walkersville (State) Md
DATE REC'D BY LOCAL REG. 2 Feb. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Frack
24. FUNERAL DIRECTOR G.C.BARTON ADDRESS Walkersville Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]96

CERTIFICATE OF DEATH

Reg. Dist. No. 131

M

MARGIN RESERVE FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town): Frederick
MARYLAND LENGTH OF STAY (in this place): Lifelong
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 116 Clarke Place

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town): Frederick
STREET ADDRESS (If rural give location): 116 Clarke Place

3. NAME OF DECEASED: (First) Ruger (Middle) Rollins (Last) Rice
4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 30, 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Wholesale Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lewis A. Rice
14. MOTHER'S MAIDEN NAME: Susan Addie Blumenauer
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. War I
16. SOCIAL SECURITY NO.: 214-10-3623
17. INFORMANT & ADDRESS: Mrs. Ruger R. Rice 116 Clarke Place--Frederick, Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Myocardial infarction	Immed.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arterio-Sclerotic heart dis.	15+ yrs.
	(c) DUE TO	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Angina pectoris	15+ yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, to 28 Jan, 1954, that I last saw the deceased alive on 22 Jan, 1954, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles L. Cerley Jr. M.D. Frederick Md. 1/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial February 1, 1954 Mount Olivet Cemetery Frederick Maryland

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE
29 January 1954 Elizabeth L. Keck

24. FUNERAL DIRECTOR ADDRESS
C. E. Cline & Son--8 East Patrick Street Frederick, Maryland

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural
LENGTH OF STAY (in this place) Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 229 West Fifth Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WILLIAM (Last) RIDGEWAY

4. DATE OF DEATH: (Month) January (Day) 2, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widower

8. DATE OF BIRTH: June 18, 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Brush Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 212-14-6187

17. INFORMANT & ADDRESS: Mrs. Helen Mullican, 229 West Fifth Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c) Chronic alcoholism

Interval Between Onset And Death: (a) 2 yrs (b) (c) 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1953, to Dec 31, 1953, that I last saw the deceased alive on Dec 31, 1953, and that death occurred at 6:00 AM., from the causes and on the date stated above.

SIGNATURE M.D. (Degree or title) ADDRESS Frederick, Maryland DATE SIGNED 1/4/1954

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial DATE THEREOF Jan. 4, 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 4 Jan 1954 REGISTRAR'S SIGNATURE Elizabeth L. Lech.

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 23 East Fifth Street

3. NAME OF DECEASED: (Type or Print) (First) NAOMI (Middle) T. (Last) ROTHENHOEFER
4. DATE OF DEATH: (Month) January (Day) 18, (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: August 14, 1906
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Orville Hamburg
14. MOTHER'S MAIDEN NAME: Annie Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Joseph B. Rothenhoefer, 23 East Fifth Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

234X

Immediate cause (a) Cachexia + Metastasis — Interval Between Onset And Death: 4 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Granulosa Cell Tumor of Ovaries — 6 months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal obstruction

19a. DATE OF OPERATION: Nov 15, 1953
19b. MAJOR FINDINGS OF OPERATION: Ovarian Tumor
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1953, to Jan 18, 1954, that I last saw the deceased alive on Jan 18, 1954, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

SIGNATURE H. L. Fahney (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 1/19/54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Jan. 20, 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 19 Jan. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1954
BUREAU V. S.

0522

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the figures of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK (NEAR)
LENGTH OF STAY (In this place) 15 Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS GAS HOUSE PIKE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK //
STREET ADDRESS (If rural, give location) 403 N. MARKET ST.

3. NAME OF DECEASED: (Type or Print) (First) MAURICE (Middle) EDWARD (Last) ROUTZAHN

4. DATE OF DEATH (Month) JAN. (Day) 9, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: JAN. 18, 1901

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): POSTER BLDER

10b. KIND OF BUSINESS OR INDUSTRY: ADVERTISING

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Routzahn

14. MOTHER'S MAIDEN NAME: Margaret Feaga

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 217-10-0323

17. INFORMANT & ADDRESS: 403 North Market Street, Mrs. Laura S. Routzahn, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
974X Immediate cause	(a)	ASPHYXIA BY STRANGULATION	15
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)		
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY FARM

21c. (City or town) NEAR FREDERICK - (County) FREDERICK - (State) MARYLAND

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1-9-54, (a) 15 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? HUNG SELF FROM TREE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Finnie, M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-9-54

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial

DATE THEREOF Jan. 12, 1954

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REG. 11 Jan 1954

REGISTRAR'S SIGNATURE Elizabeth G. Hoch

24. FUNERAL DIRECTOR ADDRESS H.R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

510

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp Frederick. Md,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville.
STREET ADDRESS (If rural give location) Beantwn RD,

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Seabolt
4. DATE OF DEATH: (Month) Jan (Day) 25 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Sept.5-1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months 4 Days 20 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tree Sear gent. Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TENN,
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: John Seabolt
14. MOTHER'S MAIDEN NAME: Nancy Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Robert Seabolt, Rockville. Md,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) DIABETIC ACIDOSIS

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DIABETES MELITUS

DUE TO

(c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/25, 1954, to 1/25, 1954, that I last saw the deceased alive on 1/25, 1954, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. Mavis Jr. M.D. ADDRESS 7 E. Church St. Fred. Md. DATE SIGNED 1/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-28-54
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg. Md.

DATE REC'D BY LOCAL REGISTRAR 28 Jan. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Ernest C. Gartner, ADDRESS Gaithersburg. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 144

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont
MARYLAND LENGTH OF STAY (in this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Minerva (Middle) Minnie (Last) Shipley

4. DATE OF DEATH: (Month) Jan (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 27, 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Frederick Co. M D

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alonza Yingling

14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Clarence H. Shipley Thurmont Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
150.1 Immediate cause	(a) Carcinomatosis	2 mo
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Carcinoma of liver	6 mo
260X	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Jan. 13, 1954, that I last saw the deceased alive on Jan. 12, 1954, and that death occurred at 12:40 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) M. Franklin Brick MD ADDRESS Thurmont Md. DATE SIGNED 1/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 16. 1954

NAME OF CEMETERY OR CREMATORY: M.E. Cemetery

LOCATION (City, town, or county) (State): Taylorsville Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 15, 1954

REGISTRAR'S SIGNATURE: Blanche L. Eyler

24. FUNERAL DIRECTOR: M.L.Creager & Son ADDRESS: Thurmont Md

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] age is [illegible]pecially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md.
LENGTH OF STAY (in this place) 786 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 243 Massachusetts Avenue

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) (Last) Shuck
4. DATE OF DEATH (Month) 1 - (Day) 8 - (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11/14/1900
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Mechanics
11. BIRTHPLACE (State or foreign country) Cumberland, Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ralph B. Shuck
14. MOTHER'S MAIDEN NAME Annie Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 158-03-7963
17. INFORMANT AND ADDRESS Ralph Shuck 243 Mass. Ave., Cumberland, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis	4 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14/, 1951, to 1/8/, 1954 that I last saw the deceased alive on 1/8/, 1954, and that death occurred at 3.20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Lyon, M.D. ADDRESS State Sanatorium, Md. DATE SIGNED 1/8/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-11-54
NAME OF CEMETERY OR CREMATORY St. Patrick's Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. 1/8/54.
REGISTRAR'S SIGNATURE J. H. Lyon
24. FUNERAL DIRECTOR Louis Stein, Inc., 117 Frederick St. Cumberland, Md. ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium, Md. | LENGTH OF STAY (In this place) 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 113 North Paca Street

3. NAME OF DECEASED (Type or Print): (First) Wilmer (Middle) (Last) Shue

4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 3/4/1904

9. AGE last birthday: 49 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Window clearning

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Shue

14. MOTHER'S MAIDEN NAME: Martha J. Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 237-05-8023

17. INFORMANT'S NAME AND ADDRESS: Wilmer Shue 113 North Paca St., Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval between onset and death: 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15/53 to 1/29/, 1954, that I last saw the deceased alive on 1/29/54, 19 ..., and that death occurred at 2:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J Kilgon, M.D. ADDRESS State Sanatorium, Md. DATE SIGNED 1/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF --- | NAME OF CEMETERY OR CREMATORY Anatomical Board | LOCATION (City, town, or county) (State) University of Md. Hospital

DATE REC'D BY LOCAL REG. 1/30/54. | REGISTRAR'S SIGNATURE J Kilgon

24. FUNERAL DIRECTOR: M.L. Creager & Son ADDRESS: Thurmont, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00503

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1st Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 1 st Ave

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Agustin (Last) Sine

4. DATE OF DEATH: (Month) 1 (Day) 6 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-30-1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: B+O R. R. Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur A. Sine
14. MOTHER'S MAIDEN NAME: Mary Rebecca House

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-14-6916
17. INFORMANT & ADDRESS: Mrs Bertha Sine Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO

Antecedent cause(s) (b) Chronic advanced myocarditis — 2 yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4-1954, to 1-6-1954, that I last saw the deceased alive on 1-6-1954, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS Brunswick, Md. DATE SIGNED 1-7-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1-9-54
NAME OF CEMETERY OR CREMATORY Park Heights
LOCATION (City, town, or county) Brunswick (State) Md

DATE REC'D BY LOCAL REG. Jan 8-54
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C.H. Fiete & Bro ADDRESS Brunswick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Buckeystown; LENGTH OF STAY (in this place): 23 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Buckeystown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Frederick~~; CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Rural Baltimore, Md.; STREET ADDRESS (If rural give location): Res 240 Wilson St.

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Clifton (Last) Smith

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 3/18/1904

9. AGE last birthday: 50 ? yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Caterer

10b. KIND OF BUSINESS OR INDUSTRY: Caterer

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Clifton Smith

14. MOTHER'S MAIDEN NAME: Sallie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes.

(If Yes, give war or dates of service): W. W. I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Marion E. Smith 240 Wilson St. Balt. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion attacks for 2 yrs DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) (Arteriosclerosis) DUE TO

(c)

Interval Between Onset And Death: Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -0

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1954, to Jan 31, 1954, that I last saw the deceased alive on Jan 31, 1954, and that death occurred at 7:20 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): J S Harp MD ADDRESS: Middletown DATE SIGNED: 1-31-54

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify): Removal DATE THEREOF: 2/1/54 NAME OF CEMETERY OR CREMATORY: Unknown LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REGISTRAR: 31 January 1954 REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR: Charles E. Kirk III ADDRESS: Frid. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00505

CERTIFICATE OF DEATH

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Rural Taneytown X

LENGTH OF STAY (in this place): Lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown X

STREET ADDRESS (If rural give location): Route #2

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Ernest	Theodore	Smith	January 16, 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	August 13, 1878	75 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired farmer	Own Farm	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William T. Smith	Emma Hesson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. John H. Harner, Taneytown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary occlusion	1 hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Myocardial infarction with	2 years
	(c) DUE TO decompensation	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct ....,19.53, to Jan 16.., 19..54, that I last saw the deceased alive on Jan 15.., 1954., and that death occurred at 0945 A.M., Jan 16, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles R Williams M.D	Emmitsburg, Md	Jan 16 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/19/54	Lutheran Cemetery	Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 16-1954	M. F. Shuff	C.O.Fuss & Son, Taneytown, Md.	

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ijamsville
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riggs Cottage Sanitarium IM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) A (Last) Stanton
4. DATE OF DEATH (Month) Jan (Day) 19 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Jan 16 1885
9. AGE last birthday 69 HB yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Grubb
14. MOTHER'S MAIDEN NAME Annie Dedman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ijamsville - Md. Riggs Sanitarium Records -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4 a.m. Immediate cause	(a) Myocardial disease	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	2 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1954, to Jan 19, 1954, that I last saw the deceased alive on Jan 19, 1954, and that death occurred at 8 30 A m., from the causes and on the date stated above.

SIGNATURE Joseph Lerner (Degree or title) MD ADDRESS Ijamsville Md. DATE SIGNED Jan 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-21-54
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) New Windsor, N.Y.
DATE REC'D BY LOCAL REG. Jan 21 1953
REGISTRAR'S SIGNATURE Lucian K Falconer
24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick - Md. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr Floyd
Penna Co for Banking + Trusts
Ardmore Pa

BOREAU V. 2

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place) 3days	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial	STREET ADDRESS (If rural, give location) 14. E 3rd St.

3. NAME OF DECEASED (Type or Print)	(First) Margaret	(Middle) Rebecca	(Last) Steele	4. DATE OF DEATH	(Month) 1	(Day) 26th	(Year) 1954
5. SEX Female	6. COLOR OR RACE white	7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) Widowed	8. DATE OF BIRTH 6/22-1882	9. AGE last birthday 71 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME JOSHUA POOLE	14. MOTHER'S MAIDEN NAME MARGARET PEARRE						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 219-01-8382	17. INFORMANT AND ADDRESS James R STEELE Thurmont Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
441 X Immediate cause	(a) Pericarditis, Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	II (b) Pulmonary T.B.	5 yrs +
	II (c) Aortic Stenosis	5 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan., 1950, to Jan 26, 1954, that I last saw the deceased alive on Jan 24, 1954, and that death occurred at 10.45 a.m., from the causes and on the date stated above.

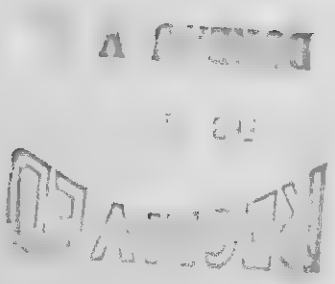
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
B O Thomas	MD	Frederick Md	1/29/54

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial	DATE THEREOF 1/29-1954	NAME OF CEMETERY OR CREMATORY Chapel	LOCATION (City, town, or county) Near, Libertown	(State) MD
DATE REC'D BY LOCAL REG. 29 January 1954	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR G.C.Barton Walkersville	ADDRESS MD.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital 20	STREET ADDRESS (If rural, give location) R F 4
3. NAME OF DECEASED (Type or Print) (First) Crystal (Middle) Jean (Last) [illegible]	4. DATE OF DEATH (Month) 1 (Day) 30 (Year) 1954
5. SEX Female — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH 1/29/54 — 9. AGE last birthday yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours 21, Min. 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY Infant. — 11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Chester Eugene [illegible] — 14. MOTHER'S MAIDEN NAME Gail [illegible]	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT [illegible]	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.4

Immediate cause (a) Congenital Heart Disease — 20 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 1954, to Jan. 30, 1954, that I last saw the deceased alive on Jan. 29, 1954, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE Bernard Thomas (Degree or title) J. M.D. ADDRESS Frederick, MD DATE SIGNED Jan. 30, 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-1-1954	Frederick Memorial Park	Frederick - Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1 February 1954	Elizabeth G. Heck	C. E. Cline & Son - Frederick - Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 308

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 138

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN IJAMSVILLE X
LENGTH OF STAY (In this place) 8 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN IJAMSVILLE X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) GUY (Middle) MELVIN (Last) STONE

4. DATE OF DEATH (Month) JAN. (Day) 19, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 29, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY: AUTOMOTIVE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CORNELIUS ~~THOMAS~~ L. STONE

14. MOTHER'S MAIDEN NAME: Emma Jane Crum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 214-10-4544

17. INFORMANT & ADDRESS: WIFE: PEARL STONE, IJAMSVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 420.0	(a) ACUTE CORONARY ARTERY OCCLUSION	10'
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE	YRS.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DUODENAL ULCER

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

21c. (City or town) — (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Furie, M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Jan. 19, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Jan. 22, 1954

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 20 Jan 1954

REGISTRAR'S SIGNATURE Lucian K. Falconer

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 00509 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural- Thurmont X
STREET ADDRESS (If rural give location) Utica

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Estella (Last) STOTTLEMYER ~~Stottlemyer~~

4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1954

5. SEX: female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH: Aug. 6, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Baer
14. MOTHER'S MAIDEN NAME: Annie Ramsburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: C.W. Stottlemyer, Thurmont, Md. Rt#1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Cerebral Hemorrhage. — Interval Between Onset And Death: 36 hours

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio Vascular Renal Disease — 10 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Jan 24, 1954, that I last saw the deceased alive on Jan 24, 1954, and that death occurred at 3-15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) H Lawrence Fahrney MD — ADDRESS Frederick Md — DATE SIGNED 1-25-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial — DATE THEREOF Jan 27, 1954 — NAME OF CEMETERY OR CREMATORY Utica — LOCATION (City, town, or county) (State) Utica, Fred. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 26 Jan. 1954 — REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M.L. Creager & Son, Thurmont, Md. — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 711

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick // LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 North Jefferson Street X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick //
STREET ADDRESS (If rural give location) 9 North Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) ELIZABETH (Last) STUP
4. DATE OF DEATH: (Month) January (Day) 29, (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Widow
8. DATE OF BIRTH: 25 Dec 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Luther F. Stockman
14. MOTHER'S MAIDEN NAME: Harriett E. Gatton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 9 N. Jefferson St., Mrs. Harry I. Hamilton, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute Cardiac dilatation — 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) with pulmonary Edema — 2 yrs+
DUE TO (c) Chronic Myocarditis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ,1954, to Jan 29, 1954, that I last saw the deceased alive on Jan 29, 1954, and that death occurred at 12:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 30 Jan 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1 Feb 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE RECD BY LOCAL REGISTRAR 1 Feb 1954
REGISTRAR'S SIGNATURE Elizabeth L. Hoch
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison and Son, Frederick, Maryland

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 519

CERTIFICATE OF DEATH

Reg. Dist. No. 131

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: Frederick
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Dickerson, Md.
STREET ADDRESS (If rural give location) 15 A-a

3. NAME OF DECEASED: (Type or Print) (First) ~~Roy~~ (Middle) Wm (Last) Swank

4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): single | 8. DATE OF BIRTH: July 25 1907 | 9. AGE Last Birthday: 46 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Acting Postmaster | 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt. | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm Swank | 14. MOTHER'S MAIDEN NAME: Mary Hillenbrand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 220-05-3756 | 17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (527.1)	(a) Massive Left Hemothorax	4 to 8 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Ruptured Emphysematus Bleb	8 to 12 hrs
	DUE TO (c) Mediastinal Cyst	20 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Kypho-Scoliosis, Marked		40 yrs

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Jan, 1954, to 26 Jan, 1954, that I last saw the deceased alive on 25 Jan., 1954, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Arden M. Smith M.D. Barnesville 26 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/28/54 | NAME OF CEMETERY OR CREMATORY Monocacy | LOCATION (City, town, or county) (State) Beallsville, Md

DATE REC'D BY LOCAL REGISTRAR 26 Jan. 1954 | REGISTRAR'S SIGNATURE Elizabeth S. Heck | 24. FUNERAL DIRECTOR ADDRESS William B. Hilton Barnesville, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 13

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place) 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
STREET ADDRESS (If rural, give location) 12 W. ALL SAINTS ST.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (Last) TEAGUE

4. DATE OF DEATH (Month) JAN. (Day) 3, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	COLORED	SINGLE	APRIL 17, 1931?	22 ? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER		Unknown	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes W.W. II	Unknown	Marie Patterson 12 W. All Saints St. Frd. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
9817 Immediate cause	(a) MASSIVE ABDOMINAL HEMORRHAGE	30 MINS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) GUNSHOT WOUND OF ABDOMEN	30 MINS.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
2		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY STREET	21c. (City or town) (County) (State) FREDERICK - FREDERICK - MARYLAND
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY JAN. 3, 1954 12 35 a M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? SHOT DURING ARGUMENT

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Robert J. Furie M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 1-3-54

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	1/6/54	Unknown	Chattanooga, Tenn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6 January 1954	Elizabeth G. Hoke	Charles E. Hicks III	Frd. Md.

VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place) 3/4 HR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ UNION BRIDGE
STREET ADDRESS (If rural, give location) RTE #2 LIBERTYTOWN

3. NAME OF DECEASED (Type or Print) (First) ERNEST (Middle) WASHINGTON (Last) TRENT
4. DATE OF DEATH (Month) JAN. (Day) 31, (Year) 1954
5. SEX MALE
6. COLOR OR RACE WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) MARRIED
8. DATE OF BIRTH JUNE 26, 1909
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSEMBLY - AIRCRAFT
10b. KIND OF BUSINESS OR INDUSTRY FACTORY
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME GEORGE W. TRENT
14. MOTHER'S MAIDEN NAME SARAH E. KELLY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. 212-20-8322
17. INFORMANT AND ADDRESS MILDRED W. TRENT - UNION BRIDGE MD R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976X

Immediate cause (a) SHOTGUN WOUND OF CHEST — 3 HRS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HOME
(CITY OR TOWN) (COUNTY) (STATE) RTE #2, UNION BRIDGE, FREDERICK, MD.
TIME OF INJURY (Month) (Day) (Year) (Hour) JAN. 31, 1954 @ 4:30 pm
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? SHOT SELF WITH SHOTGUN

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Turie, M.D., 620 Lee Place, Frederick, Md. 1-31-54

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 2/2/1954
NAME OF CEMETERY OR CREMATORY National Memorial
LOCATION (City, town, or county) (State) Arlington Va.
DATE REC'D BY LOCAL REG. 2 February 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS D D Hartzler & Sons, Libertytown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . . 54

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Frederick
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brownsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) CALVIN (Last) TRITAPOE

4. DATE OF DEATH: (Month) January (Day) 16, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: July 10, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. Tritapoe

14. MOTHER'S MAIDEN NAME: Catherine A. Hough

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Robert C. Tritapoe, Brownsville, Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary Thrombosis	18 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Stenosis	4 yrs
	DUE TO (c) Chronic Myocardial Chronic Cyst	1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1953, to Jan 16, 1954, that I last saw the deceased alive on Jan 16 1954, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE C L Bruce (Degree or title) M.D. ADDRESS Jefferson, Maryland DATE SIGNED 1/17/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan. 19, 1954 | NAME OF CEMETERY OR CREMATORY St. Lukes Episcopal Cem. | LOCATION (City, town, or county) Brownsville, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 19 Jan 1954 | REGISTRAR'S SIGNATURE Elizabeth G. Herb.

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

VS. A15

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JAN 20 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick
LENGTH OF STAY (in this place) 49 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 East "D"

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Fred.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick
STREET ADDRESS (If rural, give location) 26 East "D"

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) Estelle (Last) Truax

4. DATE OF DEATH: (Month) 1 (Day) 2 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married
8. DATE OF BIRTH: 7-15-1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Harrington
14. MOTHER'S MAIDEN NAME: Elizabeth Forrest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Lloyd S. Truax Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 241X

Immediate cause (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH [illegible]

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) [illegible] — 10 yrs

DUE TO

(c) [illegible] — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20, 1953, to 1-2, 1953, that I last saw the deceased alive on [illegible], 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) [illegible] ADDRESS Brunswick Md DATE SIGNED 1-4-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1-4-54
NAME OF CEMETERY OR CREMATORY Park Heights
LOCATION (City, town, or county) Brunswick (State) Md

DATE REC'D BY LOCAL REG. Jan 1 54
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C. H. Feite & Bro Brunswick ADDRESS Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) ~~Rural~~ Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Libertytown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural
STREET ADDRESS (If rural give location) Libertytown, Md.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Elizabeth (Last) Tucker
4. DATE OF DEATH: (Month) Jan. (Day) 7, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: Feb. 15, 1917
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: ****************
11. BIRTHPLACE (State or foreign country): Libertytown, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ferdernand Smith
14. MOTHER'S MAIDEN NAME: Rachel Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: George C. Tucker Libertytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a) DUE TO	Cerebral hemorrhage	10 hours
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Hypertensive cardiovascular disease	12 years
	(c)	Benign essential hypertension	13 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity — 30 years

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1951, to 7 Jan., 1954, that I last saw the deceased alive on 6 Jan., 1954, and that death occurred at 2 AM, from the causes and on the date stated above.
SIGNATURE James S. Hoover Jr. (Degree or title) MD ADDRESS Walkersville DATE SIGNED 7 Jan 54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Jan. 10, 1954
NAME OF CEMETERY OR ~~CREMATORY~~ John Wesley
LOCATION (City, town, or county) (State) Libertytown, Md.
DATE REC'D BY LOCAL REGISTRAR 8 Jan. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK-RURAL
LENGTH OF STAY (In this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS EMERGENCY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK-RURAL
STREET ADDRESS (If rural, give location) MONTEVUE COUNTY HOME

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE		WALLACE	JAN.	12,	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	NEGRO	SINGLE	UNKNOWN	APPARENT AGE 60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER		VIRGINIA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK WALLACE	ANNA ROY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		RECORDS - MONTEVUE COUNTY HOME

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE HEART FAILURE	YRS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE HEART DISEASE	YRS.
	(c) DIABETIC ACIDOSIS	24 HRS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CARCINOMA OF STOMACH - MULTIPLE GASTRIC POLYPOSIS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY NONE m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒ *Inspection* ☐ *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, ~~Inspection~~ or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert J. Durie	M.D.	620 Lee Place, Frederick, Md.	1-12-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 16-54	Fairview	Frederick	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
16 January 1954	Elizabeth L. Heck.	Thos. E. Hoch III	Frederick

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1924

BUREAU V.

C512

00519

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) RURAL X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick X
STREET ADDRESS (If rural, give location) Dist. 3

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) Marie (Last) Weddle

4. DATE OF DEATH (Month) January (Day) 24 (Year) 1954

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 1/22/54
9. AGE last birthday yrs. If under 1 year Months. Days 2 If under 24 hrs. Hours Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Woodrow Wilson Weddle
14. MOTHER'S MAIDEN NAME Mary Viola [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Mrs Woodrow Weddle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (30 week premature)

(c) Premature separation of placenta

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 22, 1954, to Jan. 24, 1954, that I last saw the deceased alive on Jan 24, 1954, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

SIGNATURE Bernard O. Hennessy (Degree or title) M.V. ADDRESS Frederick, Md. DATE SIGNED Jan. 25 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Jan. 25, 1954
NAME OF CEMETERY OR CREMATORY Church of Brethren Cem.
LOCATION (City, town, or county) Harmony (State) Md.

DATE REC'D BY LOCAL REG. 1/25/54
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, ADDRESS Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1954
BUREAU V. S.

F 0531

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00520

CERTIFICATE OF DEATH

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Middletown X
LENGTH OF STAY (in this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middletown X
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) (Last) Younkins

4. DATE OF DEATH: (Month) 1 (Day) 2 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10-15-1872

9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Hiram T. Smith

14. MOTHER'S MAIDEN NAME: Laura Dutrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Romer C. Younkins, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

421.4
Immediate cause (a) Chronic Valvular heart Disease
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 53, 19..., to Jan 2, 1954 that I last saw the deceased alive on Dec 31, 1953, and that death occurred at 8.20 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) J E Harp MD — ADDRESS Middletown — DATE SIGNED 1-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-4-1954 — NAME OF CEMETERY OR CREMATORY Lutheran Cemetery — LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REGISTRAR Jan 4. 1954 — REGISTRAR'S SIGNATURE Mary Gladhill

24. FUNERAL DIRECTOR — ADDRESS Gladhill Co., Middletown, Md.

VS. A15

RECEIVED
JAN 18 1954
BUREAU V.

0503

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00521

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 270 A. Dill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 270 A. Dill Avenue

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) MARION (Last) ZIMMERMAN
4. DATE OF DEATH: (Month) January (Day) 8, (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widower
8. DATE OF BIRTH: June 16, 1863
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Confectioner
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joshua Zimmerman
14. MOTHER'S MAIDEN NAME: Mary Ann Wachter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 270 A. Dill Avenue, Miss Madeline M. Zimmerman, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Myocardial Infarction — Interval Between Onset And Death: 3 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1953, to Jan. 8, 1954, that I last saw the deceased alive on Jan. 8, 1954, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE E. A. Dettbarn (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 1/10/1954

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial DATE THEREOF Dec. 11, 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 11 Jan 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

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RECEIVED
JAN 12 1954
BUREAU V. S.